

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 01, 2007 8:00 am
Secretary of State

04-13-2007 90036 037 *****5.00
06-01-2007 90094 024 *****45.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000070412 1. Entity Name BLUE TANG ARTS, LLC					
Principal Place of Business 155 FAIRVIEW AVE. COCOA FL 32927			Mailing Address P.O. BOX 272 HARTSEL CO 80449		
2. Principal Place of Business - No P.O. Box # 			3. Mailing Address 		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State 			City & State 		
Zip 		Country 		4. FEI Number 20-5209974	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRAVIS-RUSSO, SUSAN L 155 FAIRVIEW AVE. COCOA FL 32927				7. Name and Address of New Registered Agent Name KEVIN RUSSO Street Address (P.O. Box Number is Not Applicable) 155 FAIRVIEW AV. City Cocoa FL Zip Code 32927	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE KEVIN RUSSO 4/3/07					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR RUSSO, KEVIN L 155 FAIRVIEW AVE. COCOA FL 32927	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM TRAVIS-RUSSO, SUSAN L 155 FAIRVIEW AVE. COCOA FL 32927	☒ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	 	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied on this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:				Date 4/3/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					